Ageing, Health and Disability

Hajiya Hosabe was always busy. She gathered herbs and made her own medicines, treating women and children for various illnesses. A skilled midwife, she helped deliver babies. She sold henna, which the women use as a cosmetic. She often travelled to visit relatives, and in the last ten years had made three trips to Mecca. At age 80, she was an active and highly respected member of her community in Nigeria.

The World Ageing Situation 1991, United Nations

Hajiya Hosabe is the living proof that old age does not equate with illness. Many of the aged have major health problems; many do not.

Studies of the elderly in industrialized countries indicate that health and well-being are similar among the elderly in different nations. These studies show that a large majority of the elderly are in good health, with no significant mental or physical decline. Only about 8 per cent of older people are seriously impaired or dependent on extensive health care, with 4-6 per cent living in institutions for the elderly.

There is much less information about the health of the elderly in developing countries. But a 1986 survey of the World Health Organization (WHO) in Fiji, Malaysia, the Philippines and the Republic of Korea provides similar insights. For example, as in industrialized countries, a large proportion of the elderly reported that they felt healthy: 50 per cent in the Republic of Korea, 58 per cent in Fiji, 72 per cent in Malaysia and 84 per cent in the Philippines.

Ill and disabled persons

But in all countries there are also significant numbers of the elderly with disabilities and health problems. The most pressing and treatable health problems of the elderly throughout the world are related to heart functions, hearing, teeth, diabetes, visual impairment and osteoporosis.

For instance, in the United States hypertension is the most frequent health problem among people aged 65 and over, followed by hearing impairment, heart conditions, visual impairment and diabetes.

Cardiovascular disease was also the most common problem in the German Democratic Republic, Hungary, the Soviet Union and Yugoslavia, a 1982 study revealed.

Among developing countries, malaria is a major cause of impairment or disability. Eye diseases such as cataracts, glaucoma and trachoma underlie visual disabilities in these countries.

The 1986 study on Fiji, Malaysia, the Philippines and the Republic of Korea confirms the findings of other surveys on the high incidence of vision problems among the elderly in developing countries. Between 31 and 82 per cent of the elderly in the four countries had problems with vision.

Much of the blindness among the elderly in developing countries can be prevented or cured with existing knowledge and technology. A great deal can be done with relatively small expenditures.

For instance, in Malawi where preventable and

curable blindness affects about 1 per cent of the population, a national public programme is extending eye care services to rural communities. Mobile eye units are reaching rural people, providing treatment, education and referral services. Before doing anything else, the personnel of the mobile units give a lecture on preventive and primary eye care to the local inhabitants. Then patients with acute problems are treated, and those with serious problems are referred to hospitals.

An increase in disability?

Today there are nearly 500 million older people (aged 60 and above) in the world. By 2025, the elderly are expected to number 1.2 billion. Worldwide, nearly one million people cross the 60-year threshold every month.

With the general increase in life expectancy, more and more people are surviving to older ages. For the industrialized countries, male life expectancy at age 65 has increased 1.6 years on average since 1960. For females, the gains in life expectancy at age 65 have been even more impressive, rising 3.3 years over the same period.

But a longer life does not always mean freedom from disability, according to WHO's 1991 Report on the World Health Situation. Although life expectancy of the elderly has generally increased, it is not at all clear whether sickness and disability have declined in parallel with mortality rates, the report says. Available evidence suggests that the extra years of life that have been gained in the past two decades have largely been tarnished by disability, which reduces the quality of life and increases the demand for health and social services.

The major causes of disability among the elderly include arthritis, deafness, blindness, Alzheimer's disease and related neurological disorders. To these may be added the mental problems caused by social isolation and depression.

The family and the community

A WHO report, "Health of the elderly", underscores that informal care is all over the world the main form of assistance for the elderly. Although the use of formal services is growing, the family continues to be the mainstay of care. Women still provide most of the informal long-term care. And many of the family care-givers are themselves elderly.

This is particularly evident in most developing countries, where the family remains the only source of support and long-term care for the elderly. An extended kin network, in which parents, children, uncles, aunts and other relatives are in regular contact, is the core of the traditional welfare system. The family feels collective responsibility towards all household members, old and young, strong and weak. Caring for the elderly and the disabled is an accepted and shared responsibility of all family members.

This attitude is not confined to developing countries. In Japan, more that half of the elderly people bedridden for more than six months were being cared for in their own homes by relatives living with them, a 1983 study revealed.

The rural-urban exodus, increasing participation of women in the formal workforce and other factors are reducing the numbers of family care-givers traditionally available for the now increasing numbers of the very old. These changing situations call for new levels and methods of joint family care as well as for governmental and non-governmental support.

Community services

Most older people much prefer to remain in the community as long as possible. Community services should thus be viewed as the first approach to providing services to those who need care, WHO recommends. Some elderly will require more specialized assistance, but should remain eligible for community services.

In fact the majority of elderly people are not disabled. Neither are they dependent on others, the WHO report stresses: they live in their own homes or in those of their relatives. Old age does not of itself indicate a need for specialistic care. The majority of health care of the elderly will therefore be in the form of primary health care.

In both developed and developing countries, most elderly people will continue to be treated by primary care practitioners within community-based programmes. Primary care workers should thus be

educated to recognize and deal with common problems of the elderly.

The informal support system remains central, providing 80 per cent of the care for the elderly. The primary function of formal care is to help the informal system maintain older individuals in the community whenever possible. Special emphasis should be given to programmes that assist the family in its role of supporting the elderly. Community services such as day care and home-help services should enhance family care, WHO recommends.

Policies should strengthen both family resources and the motivation to continue caring for the elderly. In some countries, efforts are being made to compensate family members for the care they provide, with direct cash payments or the provision of the attendance allowances available for disabled individuals needing outside help.

Training and prevention

WHO also stresses the need for training and information. Family, friends and neighbours—the informal care-givers—provide the bulk of assistance for the disabled elderly living in the community, but usually receive little or no training.

Informal care-givers, who are typically middle-aged or even "young elderly", are greatly aided if they become better informed about the nursing roles they perform. What these people particularly appreciate is practical information from professionals on how to manage everyday problems.

There are several areas of preventive action for the elderly, WHO stresses. Some involve preventive strategies, such as immunization for flu and pneumonia and smoking cessation. Elderly smokers can greatly reduce their risk of lung cancer and heart disease by stopping even in their seventies. Another form of prevention is screening—for vision, hearing, cancer, blood cholesterol and the like.

Institutional long-term care should be provided only after other alternatives have been explored, WHO recommends. Institutional services should be provided in as homely an environment as possible, preserving the autonomy of the resident to the greatest extent possible.

Future outlook

With mortality rates decreasing around the world, the number of individuals over 65 is expected to increase severalfold over the next few decades. The challenge is to develop effective strategies to improve the quality of life for older people through an appropriate mix of services and care-giving approaches.

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Action on Ageing: A Progress Report

It has been ten years since the International Plan of Action on Aging was adopted by representatives of 124 United Nations Member States with a host of non-governmental organizations at the World Assembly on Aging in Vienna. The Plan sets out broad principles and recommendations on meeting the needs of the elderly, listening to their voices while developing policy and keeping older people in the mainstream of society. How have the elderly fared since the 1982 Assembly? Is the world better equipped to adapt to the rapid increase of older people and the growing portion of the population who will reach 60 years of age as each decade goes by?

"As far as ageing goes, there is a big knowledge gap," says Sandeep Chawla, chief technical adviser to the Ageing Policies and Programmes Unit of the United Nations Office at Vienna (UNOV), which serves as the United Nations focal point on ageing. "Demographics are very sophisticated in terms of how many people there are and which sectors will experience how much growth. But when you get to what the actual conditions of life are, you hit a blank wall, especially in terms of the developing countries, where the majority of the elderly are."

The sentiment is echoed by HelpAge International's Mark Gorman. "We know about the rise of the ageing population," he says, "but we don't know what it means."

Steps are being taken to close the knowledge gap. A Special Programme for Research on Ageing was established in 1989 at the World Health Organization (WHO) to analyse the factors contributing to healthy ageing, as well as questions relating to nutrition, dementias of ageing and the immune system and ageing. And the UNOV's Ageing Unit assisted by the United Nations Fund for Population Activities (UNFPA), is carrying out intensive studies of selected countries from the developing world. Statistics have been gathered in Chile, the Dominican Republic, Sri Lanka and Thailand, and a second phase will look at four more countries from West Asia and Africa.

"We need hard data on how older people are living and what they are doing to be able to design intelligent programmes to reach them," says Mr. Chawla.

A major concern of the International Plan of Action on Ageing is that older people receive basic necessities: income, food, housing and health care. None of these is guaranteed to older people in the less developed countries who are unable to work, and those who are working cannot take them for granted either. Even in prosperous countries, gaps in social security coverage allow many older people to become destitute and abandoned.

Dalmer Hoskins, secretary-general of the International Social Security Association, notes that only a minority in the developing world are eligible for pensions, and that coverage is slipping in many countries in Latin America and Africa. Contributions to pension funds are up, however, in many of the poorer countries of South Asia.

There are reassuring accounts of the resiliency of family support mechanisms for older people, but also accounts of overburdened families and the appearance, for the first time in many countries, of large numbers of homeless elderly persons.

Virtually all nations have some provisions for health care for the indigent, but the extent of actual

protection is patchy. A doctor stationed in a rural area in Latin America plagued by poverty, civil strife and illicit drug trafficking, for instance, reports that anyone can receive free treatment at the hospital where he works. But because drugs and equipment are lacking, little can be done to cure infectious diseases rampant among the elderly.

"When they leave the hospital," the doctor says, "they go home to pray and to die."

There is general agreement, none the less, that the 1982 World Assembly, and looming demographic trends, have called attention to an issue that was previously disregarded as a matter of public policy. Even leaders who remain concerned about the tendency of societies to marginalize their older populations note hopeful trends.

"We're starting to catch the first glimmer of international interest," says Mark Gorman, director of development at HelpAge International, "as the question of ageing creeps onto the bottom of the ladder of the policy agenda. We get questions about the kinds of legislation to propose, economic and social policies, and so on. Governments are beginning to look at the statistics and realize that down the road there's going to be a real crunch."

"My impression is that the World Assembly was instrumental in raising consciousness worldwide," reports Charlotte Nusberg, secretary-general of the International Federation on Ageing (IFA). "In terms of implementation, there have been steps forward and steps backward. One good sign is that we've seen a lot more assertiveness on the part of older people, although mostly in the developed countries."

Some of this assertiveness is reflected in a 1992 vote by the European Parliament to increase its spending on the elderly for that year to 4.3 million ecus (almost $ US 5.5 million)—mostly on care and housing arrangements which stimulate independence and societal integration of the elderly and socially useful application of the experience and skill of older persons—two and a half times as much as the previous year's budget. The European Community has declared 1993 the European Year of Older Persons and Solidarity between the Generations.

In Africa, where according to Nana Apt of the University of Ghana the elderly have been hit hard by the economy of the last decade, initiatives also are under way. Dr. Apt, an organizer for the rights of older persons, says, "There has been progress for single elderly women—'old maids', as they are called—in so far as antiquated laws regarding matters like inheritance and property rights are being looked at. In Kenya and Ethiopia, the Governments are giving assistance to families who care for the aged. There has been progress in literacy—and illiteracy is a critical problem, because it keeps people out of the decision making process, out of the political and economic realms."

Dr. Denise Eldermire, executive director of HelpAge Jamaica, cites developments like positive coverage by the national media and incorporation of the concerns of the ageing in the work of the Jamaican Planning Institute. "While the elderly command respect within the family," she says, "in society as a whole, old age has a negative image. But that is being broken down."

Building infrastructure

One of the key initiatives to come out of the 1982 World Assembly is the establishment of national mechanisms on ageing. National mechanisms—"that elegant phrase," sighs the IFA's Charlotte Nusberg—are coordinating committees composed of representatives of appropriate government bodies, non-governmental service organizations and organizations of and for the elderly themselves. So far 93 such networks have been established.

The achievements of the national machineries will be limited, of course, if investment in social and economic development is being cut back. But even under the harsh budgetary circumstances so many countries have experienced in recent years, these coordinating bodies represent a step forward. In the leading industrialized countries, where the ageing phenomenon is already under way, the activities of national machineries focus the diversity of institutional capacities that have already been established, work to extend policy coverage to subgroups who have been excluded or overlooked and seek new ways to secure the participation of the elderly. In most of the developing countries, on the other hand, rapid expansion of the ageing population lies a few de-

cades ahead. National machineries provide an opportunity— sometimes the first opportunity—to articulate a policy stance and establish institutional frameworks for formulation and implementation.

Further steps have been taken to translate the "plan" part of the Plan of Action into "action".

In 1988 the International Institute on Ageing, based in Malta, was founded. Supported by the Maltese Government, United Nations specialized agencies and bodies and other governmental and non-governmental contributors, the Institute defines its mission as fulfilling the training needs of developing countries and acting as a bridge between the developed and developing nations. The Institute conducts original research into demographic and developmental questions, publishes research and training materials, holds internationally attended seminars and workshops and provides a range of technical cooperation services. At the suggestion of the Government of the Dominican Republic, consideration is being given to establishing a similar institute to serve the needs of Latin American and Caribbean nations. And in Asia, two such institutes are under consideration.

The African Society of Gerontology, established in 1989, is one of the newest actors in international ageing. The United Nations General Assembly has urged agencies and bodies around the world to support the society in establishing a regional programme on ageing for the period 1992 to 2001.

The United Nations Trust Fund for Ageing, established at the beginning of the past decade, supports projects with seed money that in turn attracts additional resources from foundations and Governments. Another international funding source is the recently created Banyan Fund. It takes its name from the tropical banyan tree, which drops aerial roots from its branches to form new trunks and ensure longevity, self-reliance and continuing growth. Appropriately, the Banyan Fund specializes in promoting self-help initiatives by the elderly, their families and their communities.

As a result of the 1982 World Assembly, the United Nations established a focal point for coordination on issues of ageing. The Ageing Policies and Programmes Unit operates out of the United Nations Office at Vienna/Centre for Social Development and Humanitarian Affairs and is concerned with meshing the activities and plans of a multitude of United Nations and other international bodies. Prominent among these are non-governmental organizations like the International Federation on Ageing, HelpAge International and the American Association of Retired Persons; organizations established in cooperation with the United Nations such as the International Institute on Ageing in Malta and the International Social Security Association, based in Geneva; United Nations departments dealing with development, population and statistics; and specialized United Nations agencies, among which are the International Labour Organisation, the World Health Organization, UNESCO and the Food and Agriculture Organization.

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Paths to Productive Ageing

In Ghana, we feel that age has something to do with wisdom and experience of life, and from childhood we are taught to respect whoever is older than we are. It's important to have elderly people in the home. They help as babysitters. The family has someone to represent its interests at meetings of the village councils. The counsellors who advise the Queen Mother of the village are known as the Wise Old Women. The old people are always there at marriages and funerals, and they serve as morticians. They know how to dress the body. They do counselling—you can just go to an elderly person and pour out your heart about a family problem or a personal problem. People come by early in the morning on the way to work or travel miles to seek their advice, to have someone listen to them. It's said that the older people have "listening ears".

Nana Apeadu, Queen Mother of the town of Aburi, in eastern Ghana

Their situation has worsened over the last ten years of economic depression. Care of the ageing in the hands of the family is dwindling. We did a study about this, and the majority of the people interviewed said that 75 per cent or more of their children migrate. This is especially true of migration from the country to the city. That leaves most of the farms that produce for national consumption run by people from 50 years of age to 90 or more. A whole lot of old people are keeping the country going as farmers.

Dr. Nana Apt, head of the social work department at the University of Ghana

These two contemporary statements illustrate the tremendous contributions made by older persons in one particular country, as well as the challenge presented by the struggle for self-sufficiency. In other parts of the world the customs are different, but the needs and the potential contributions of the elderly are also crucial. And as is the case in Ghana, the situation worldwide is in flux. Traditional roles and support structures are changing shape or breaking down under the impact of economic, social and demographic forces.

Many policy makers, and older people themselves, are looking to amplify the opportunities for the elderly to take part in economic and social life. Serving as resources in the development of their communities, they stand to gain recognition, personal satisfaction and a measure of financial security.

The idea of "productive ageing" is gaining currency as the number of the elderly increases rapidly, both absolutely and relative to the rest of the population and in the developed and developing countries alike.

"Rather than looking at older people as frail and vulnerable, we should look at them as contributing members of society," says Irene Hoskins, repre-

sentative of two international organizations for the ageing to the United Nations. "This is also a way to combat the loneliness and despair often felt by the elderly themselves. Growing old does not make you a victim; it's a good thing to be able to live a long life."

But "productive ageing" is becoming as much a necessity as a virtue. In the developing countries, there are proportionately fewer young family members to support the old, and the old are generally left behind when their children migrate in search of work. Social and health services, which the elderly count on more than any other age segment, have been slashed, and in Africa and Latin America fewer jobs that come with pensions are available. In the developed countries, there are pressures to cut back benefits or coverage by private and public social security plans.

Senior enterprises

According to Helen Kerschner, president of the American Association for International Ageing, "A senior enterprise is essentially a small business which enables older people to participate in the economic life of the community by engaging in paid work outside the traditional work-setting." They may be set up by individuals or groups, or backed by public or private sector support. Many capitalize on the skills and traditional crafts of older people, and sponsored enterprises generally take pains not to displace other people from their jobs.

- In Vilcamba, Ecuador, representatives of HelpAge International noticed that there was no bakery within 40 kilometres. An old people's bakery with firewood ovens was established. Next, a tailoring workroom was set up for women and a plot of land was set aside for elderly men to cultivate medicinal herbs, with uses that were rapidly being forgotten in Ecuador. All three enterprises now produce jobs and income.
- "The Silver Generation", as they are known in Japan, are a rapidly growing portion of the population. Anticipating this trend in 1975, the Japanese Government began opening Silver Manpower centres in large cities. The centres receive work requests from public or private entities and negotiate job contracts for their elderly members, who maintain parks, restore traditional homes, garden, do bookkeeping and carry out other jobs on a transitory basis.
- In the absence of a national pension scheme for all older people, HelpAge Kenya is cooperating with the Ministry of Culture and Social Services to support elderly people in their own efforts to raise an income. The Mabatini goat-keeping project, run by a small committee mainly composed of elderly people, assists 34 older persons by providing each of them with a goat. The original intention was that the offspring of the goats would enable the project to be run on a continuing basis, as some goats could be sold and the profits divided among the project members.

One outcome of the project has been an improvement in status for elderly people, since in rural Kenya a person's position in society is measured by his/her ownership of cattle or land. For these older persons, owning a goat has provided a sense of pride and importance, and has also earned them the respect of the rest of the community.

Job training

Employers tend to restrict job training to younger workers. Yet older workers are generally the most experienced members of the workforce, have a proven capacity for learning and may be more likely to stay at an organization or enterprise than those who are younger. Downgrading this labour resource handicaps industries and countries seeking to improve competitiveness. It also hampers the careers of older employees in occupations undergoing changing technologies or methodologies, and places them at a severe disadvantage if they are laid off.

- Transitions, a programme of the provincial government of Ontario, Canada, provides people 45 years or older who recently have lost their jobs with $5,000 Canadian in training credits. These can be used in two ways: to cover the costs of training incurred by a new employer, or as tuition for employment-related education.

Community organizations

Active older people are at the forefront of community organizing and neighbourhood self-help projects in

rural and urban areas around the world. Community-based projects also offer mechanisms of support for the frail elderly that are inexpensive to mount and have a welcome personal touch. Many innovative efforts combine these two functions, and creatively match the needs and strengths of the young and the old as well.

- The UMMA Group ("umma" is an Arabic word for "community"), located in a multiracial, working-class neighbourhood in Brooklyn, New York USA, discovered a circle of housebound elderly women who kept in touch with each other by telephone. The seniors extended their circle and set up a support network ensuring that all members are called daily to make sure they are all right. UMMA organizers then mobilized neighbourhood youngsters to go shopping for the seniors, and elderly seamstresses in turn give free sewing lessons.
- In Cairo, Egypt, about 4,000 Zabbaleen (a word meaning those who live on rubbish) retrieve recyclable materials from the quantities of refuse generated each day in the Egyptian capital. Yet one group of people, the Coptic Sisters of Cairo, has been working to improve their conditions and in particular those of some 200 elderly people who faced a bleak future.

In 1985, a programme was established with the Sisters to construct a multi-purpose centre to provide medical, nutritional and recreational facilities for the older Zabbaleen. In the common-room, a good meal is served once a day and social activities of all kinds are organized. The centre has a clinic that, besides giving priority to the elderly people, also provides service to the rest of the Zabbaleen community. The centre has also established an outreach programme for less mobile elderly people who are visited by medical staff and the Sisters themselves.

- The city of Minneapolis, Minnesota, in the United States, is home to descendants of the Sioux, Chippewas, Aninshabes and Winnebagos who once occupied the surrounding plains in the midwest of the United States. Through the Youth-Elder Connection, a programme of the American Indian Movement (AIM), young people run errands for and help maintain the properties of the elderly. On Saturdays, young and old go on trips to ancestral Indian lands and attend powwows. The youth hear folkloric stories and songs that bring their heritage alive, organizers say, and receive spiritual mentoring that helps them cope with difficult family conditions.
- Golden Age Clubs in the Jamaican township of St. Catherine provide training in culinary arts, sewing, broom making and other crafts. Some items are sold, others given to children. The clubs mobilize older people for public service—for instance, replacing a sidewalk destroyed by Hurricane Gilbert. Children are matched with elders and a cultural exchange takes place: the older people pass on their knowledge of the quadrille, a traditional dance form, and learn about reggae from the youths.

Volunteer opportunities

Retired or semi-retired people with financial security are a bulwark of volunteer organizations and service institutions. They possess skills, experience and judgement that are invaluable in virtually any setting. A United States Government study showed that physical and mental health improves among older people who volunteer. Volunteering is a long tradition in many Western European countries and an activity being developed in Eastern Europe by several non-governmental organizations in cooperation with Governments and the United Nations.

- The Geneva-based United Nations Volunteers (UNV) is one of the UN's foremost suppliers of middle-level and upper-level specialists. It has about 100 elderly volunteers, and their numbers are steadily rising. UNV's total force of 2,000 volunteers, with an average age of 38, serves in over 100 countries. Older volunteers are selected for: emergency relief measures following natural or man-made disasters; technical/professional assistance on policy directions or feasibility studies; intensive training of local personnel; and small business expertise—management, marketing, product design and informatics.
- RSVP International (the acronym stands for Retired and Senior Volunteers Program) has chapters in 23 countries on five continents that enlist older people in a wide range of volunteer projects. According to its president, Arthur Garson, volunteers from the developing countries are most often from the upper middle class, while those in the developed world are usually retired blue-collar workers.

Critical thoughts about self-help for the elderly

Optimism regarding the potential of older people to support themselves, sometimes overly glib propositions about the "third age" (as a synthesis of the youthful and career-establishing parts of a person's life) and a general trend towards reducing expenditure on social support systems have led some to point out that there are limits to what can be expected from the elderly.

David Nolan is a director at On Lok Senior Health Services in San Francisco, which provides cost-effective means of maintaining elderly Asian-Americans in their own homes and communities, rather than institutions. He notes that able-bodied older people volunteer at On Lok, but that "most of the people we serve are in wheelchairs, are incontinent or suffer from dementia. They've already done their fair share. It's time for them to be able to put their feet up and relax and let someone else take care of them." Nolan further feels that even a rich country like the United States is unprepared for the upcoming rapid growth in the needs of the elderly: "They aren't building nursing home beds fast enough to accommodate the wave of people who will be reaching old age. Community agencies and services should be in place to meet their needs, instead of waiting until we're in the middle of chaos and crisis."

A leader of an international agency working with the elderly in developing countries recommends caution in relying on small-scale artisanry among the elderly as a source of income, and worries that "self-help" may become a euphemism for reducing services. He suggests that the productive ageing concept is to be favoured as long as it remains within a realistic context of overall needs and capabilities.

Development and the elderly

Such a context is contained within the 1989 report of the Secretary-General of the United Nations on the question of ageing (A/44/420):

"The twin challenges facing countries as their populations age are how to enable the elderly to contribute to development and how to ensure them appropriate and affordable care. Ensuring such care increasingly requires a system of shared care giving by public and private sectors. As governments increasingly espouse, for humanitarian and financial reasons, policies of maintaining the elderly in the community, support programmes for informal family and community care-givers becomes more important.

The notion of productive or active ageing... reflects a concept of development, now increasingly accepted, as primarily a process of expanding the capabilities of human beings. As the elderly are enabled to be more active, self-reliant, self-determining and contributing members of society, they will become healthier and less isolated and economically dependent. Unlocking the creative potential of the elderly requires, in many places, a change of thinking, institutions and technologies. These changes now appear to be in motion."

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Income Security for an Ageing World

Quietly and without frontpage coverage, humanity is winning ground against its eternal adversary. Death has not been vanquished, but the boundaries of its domain have been pushed back, as advances in medicine and public health allow people to live longer. In 1950, there were 200 million persons aged 60 and over in the world; it is calculated that by the year 2025 the number of elderly will have increased sixfold (twice the rate of the total population), reaching 1.2 billion. The number of people aged 80 and above will multiply by a factor of ten over the same period.

The very good news that attainment of a long life is increasingly available to average people comes with a follow-up story of mixed implications: the world population is getting older. The elderly in 1950 constituted 8 per cent of the global population; in 2025, they will be about 14 per cent of the total. The ageing process is well under way in the developed countries. Longer lives and a falling birth rate—generally associated with improved standards of living—have already brought about an older population. The countries most directly affected by the Second World War experienced a "baby boom" in the immediate aftermath, and when that generation reaches old age early in the next century, the demographic space occupied by the elderly will expand even more rapidly. So will the share of the population expecting pensions and social security.

The demographic express train is scheduled to arrive next in the less developed countries. Fertility declines in most of Asia and Latin America in the 1970s have resulted in populations just starting to "age"—to have an increasing percentage of people 60 years or older. In sub-Saharan Africa, birth rates remain high and most countries are still in the early stages of demographic transition. But by the second decade of the next century the ageing process in Africa will pick up speed.

Older persons in 1950 were evenly divided between developed and less developed countries, and in 1975 distribution was still roughly equal. But it is projected that 62 per cent of the elderly in the year 2000 will be in the developing countries, and that by 2025, 72 per cent of 1.4 billion older persons will live in the poorer countries of the world.

The dependency ratio

Worries that the numbers of people in the workforce are declining in proportion to non-workers generally are expressed in terms of "dependency ratio" indicators. These formulations are based on a division of the population into three age groups: children, prime-age adults and older persons (1-14, 15-64 and 65-and-above age groups). It is then shown that as population ageing proceeds, those in the middle age bracket will have to devote an increasing amount of their income to support those in the older group. Following from this are dire predictions of breakdowns in social security plans, as well as hints of antagonistic interests between the generations.

Dependency ratios, however, are blunt instruments with which to measure economic and social reality. As is pointed out in a report for the United Nations by Brandeis professor Jim Schultz, these formulations assume that everyone between the ages of 15 and 64 is engaged in remunerated labour, and that no one past the age of 64 is working. Neither assumption is true. Such calculations also overlook the informal, unpaid contributions the elderly make

to their families and communities. Moreover, a true determination of dependency ratios should also include the group aged less than 15 years. Once this group is counted as "dependent", the lessening percentage of children in populations to some extent counterbalances the increasing percentage of the elderly.

Schultz also points out that the overall ratio of the elderly to the rest of the adult population is only one factor affecting the stability of national pension and social security plans. Others include the size of pension payments, the age at which retirement and payments commence, labour force participation patterns, changes in wage and unemployment rates, inflation and overall economic growth.

Raw demographic trends, in short, do not by themselves determine the standard of living of the elderly. The ageing of the population is not only a poor excuse to allow income security of the elderly to deteriorate; it offers no excuse at all.

Nevertheless, the world transition from a younger to an older population presents a multitude of challenges that Governments and other institutions are only beginning to address. Income security is among the most important, and there is much that needs to be done for today's elderly as well as tomorrow's.

Social security and pensions in the developed countries

Most welfare states originated in pension provisions for older people, and today older people are the main beneficiaries of social expenditure. In the member countries of the Organisation of Economic Cooperation and Development (OECD), roughly half of social security expenditure goes to people over the retirement age. Ample increases in payments and extension of coverage to new groups of people occurred during the period 1960-1985, but now, according to Charlotte Nusberg, secretary-general of the International Federation on Ageing (IFA), "we've seen a halt in the rapid growth of benefits."

Below are some examples of preparation for the next century, when the number of workers for each retired person is likely to fall from a current five to three or less in the developed countries.

Japan has achieved the highest longevity rate in the world, with an average life expectancy of 82.5 years for women and 76.2 for men. The country also has a rapidly declining birth rate. It is therefore expected that Japan will switch from having the lowest ratio of 65-year-olds to the total population among industrialized nations in 1990 (one in 11) to the highest (one in four) by 2025. Government pensions are modest, and much of the slack will have to be picked up by private means. Fortunately, there is nearly universal coverage of the Japanese labour force through workplace pensions, and 1986 reforms made some progress in protecting women who were full-time housewives or part-time workers previous to retirement. In addition, growing numbers of Japanese firms are raising the retirement age for employees to 60 or over, and one out of every four Japanese over the age of 65 continues to work.

Most national pension plans are of the pay-as-you-go variety— each generation receives its retirement benefits from funds contributed by those who are currently working, not what it contributed in the past. In Singapore, funds are being set aside today to ensure the pension needs of the future. The rates are high, but because of current economic growth and the promise of security there has been general acceptance of the policy. "Part of our salary is forced compulsory savings—15 per cent or so," reports a middle-aged woman who is a government employee. "The Government pays in another 15 per cent. In June of 1992 it will be higher—going up to about 40 per cent—50 per cent. I like this very much, because I don't have to worry about my old age." But women who are not full-time workers in the formal sector cannot be as calm.

In **New Zealand**, pensions are paid for from general tax revenues, not social security taxes on earnings. "We dropped the social security tax, because it brings administrative expenses with it and it's regressive," says Derek Gill, a former section head on policy with the New Zealand Treasury Department. "Until ten years ago, the national pension provided universal entitlement for those older than 60, with payments—quite generous payments—tied to weekly earnings. As a consequence of an ageing population, the last two governments have changed

the scheme, raising eligibility to 65 over the next ten years. And since 1985, those who have large savings and substantial assets are taxed on their benefits, abated down to zero for the wealthy.... Even so, the perception is that not enough has been done to maintain fiscal integrity. But it's politically difficult to make cuts."

The **United Kingdom** has come up with a creative way of mixing private and public pension coverage. Employers may "contract out" of the Government's State Earnings-Related Pension Scheme if they offer a private plan of equal or greater value. Workers, on the other hand, can choose to opt out of their employer's plan and establish a "portable" personal pension, complete with tax breaks. Or they can be involved in all three. The plan is frankly designed to reduce government involvement in social security. Critics say, however, that the personal pension component has a relatively high element of risk.

In **Bulgaria** and **Hungary**, as in other Eastern European countries in transition from centralized planned economies, older workers continue to receive checks from pension plans established under previous governments. But recent inflation at rates completely unexpected when the plans were designed has drastically eroded purchasing power. Strict fiscal policies disallow raising pension levels, and overall declines in production reduce job possibilities for the elderly. The situation is especially difficult because there are currently about two working people for each pensioner in Bulgaria and Hungary, and the ratio may fall to one-to-one by the beginning of the next century.

Bank failures and the mounting incidence of indebted Governments have led to worries about the fiscal stability of retirement funds. In the **United States**, Congress began looking into the need for regulation of the beleaguered insurance industry in 1992, and a 1990 international conference on private pension policy sponsored by the United States Department of Labor studied the keys to successful plans. But the national social security fund is racking up a large surplus. "Social security reforms were instituted in the mid-1980s to ensure fiscal integrity," says the IFA's Charlotte Nusberg. "As long as the fund is kept intact, there's no need to scale back benefits."

Old-age security in developing countries

Pension coverage in the less developed countries is usually limited to wage workers in the formal sector. Those often not covered include: domestic and agricultural workers, farm owners, the self-employed, part-time workers and "those paid off the books", disabled persons, housewives and widows. Elderly women are especially vulnerable. They live longer than men, have worked less frequently in the formal sector and suffer more often from longterm chronic impairments (while men tend to incur chronic illnesses which bring on hospitalization or death).

There are exceptions—a very strong pension and health security programme in **Cuba**, extension of pension plans to the self-employed and broadened medical services to disabled and indigent people in countries like **Jamaica** and **Gabon**. But even these efforts are under extreme financial pressure. The 1980s, a hard decade for the developing world, were particularly unkind to older people. According to Dalmer Hoskins, secretary-general of the International Social Security System Association, economic difficulties and the transfer of jobs from the formal to the informal sector have caused a drop in contributions to pension funds in Africa and Latin America—although in the 1990s there have been increases among the less developed South Asian countries.

The fiscal straits of the developing countries have led to a focus on alternative means of support.

"I haven't seen job training for older persons," says Nana Apt, a professor and organizer of the elderly in **Ghana**, "but the elderly farmers are receiving extension services. The best help is to help them be able to achieve for themselves. Right now all the old people are working—they're working until they drop dead. So why not support them so they can work with dignity and fulfilment?"

Dora Pons O'Neill, director of a non-profit network serving the elderly in **Uruguay**, reports government backing for collective mini-enterprises. Older people banding together in this manner have had particular success in the countryside, producing wine, dairy products, meats and honey for export. She finds that in many ways the nondisabled elderly in the countryside have more options than urban retirees whose pensions have suffered from inflation.

The traditional means of supporting older people comes from the family. "That's how the third world looks at it—they ask, what is the attitude of the family toward the ageing?" says Aida Gindy, former chief of the United Nations Social Welfare Services Division and now a consultant for social development. Statistics from various developing countries indicate that family support ranks ahead or directly after earnings as the means of support for the elderly, with pensions and personal savings combined running a distant third.

But in the decades ahead families will have fewer young adults supporting more elderly. And already young adults are leaving their parents behind in the countryside to seek jobs in the cities. The children may send remittances home—but a check in the mail does not provide hands-on care or companionship.

"Thirty years ago, they set up housing facilities specifically for the elderly," recalls Aida Gindy of her native **Egypt**. "But then they closed them down, because family members wouldn't allow their elderly relatives to be institutionalized. Now incomes are lower, the cost of living is higher and apartments are much smaller. So the pendulum is swinging toward providing more institutionalized care for the elderly, even as in the developed countries the pendulum is swinging toward enabling more care for the elderly to be accomplished in the family or in the community."

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